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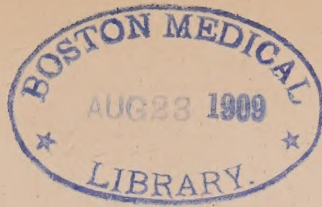
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THE ALABAMA MEDICAL JOURNAL

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Original Communications.

**What the People Should Know About the Doctors and
What the Doctors Should Know About Themselves.***

By J. N. McCormack, M. D.

Bowling Green, Ky.

Chairman of Committee on Organization of the American Medical Association.

Ladies and Gentlemen:

To the lay mind in all ages medicine has been one of the occult sciences. The medical doctors, all that they do and everything pertaining to them, has been something weird, mysterious, almost supernatural. The time has come for this to end, and in so far as I have power tonight I propose to lift the vail and show you my brethren just as they are. In doing this faults will be revealed to you, of which you know little, so great and so universal as will excite your wonder and challenge your admiration, and all of this will be done with a distinct purpose in view, which will appear as I proceed.

In order to indicate, to show to you, something of my fitness for the task I have assumed for myself, it may be proper for me to say that

*An address delivered under the auspices of the Jefferson County Medical Society at Birmingham, December, 1906.

once or twice almost every day for five years I have stood before audiences of doctors and people in some part of the United States to discuss with them some subject. At the conclusion of my remarks everywhere, as I trust will be the case here this evening, there has always been a frank expression of opinion from the floor from the laymen as to how they view my work. Going up and down in this country from the lakes to the gulf, and from the Atlantic to the Pacific, and in states from county to county, discussing this matter in this close way, I have been able to make a study of doctors and what people think about them, in a way that has never been possible to a man in this country before.

I spent four months of this summer abroad, a large part of the time in England, Ireland and Scotland, in the small cities and country districts, making a comparative study of professional conditions there, and it is in the light of this experience that I am here to take this matter up with you. I first engaged in this work because of an experience which had come to me as a public official in my native state. For twenty-seven years I have been a member—and for twenty-five years have been secretary—of the State Board of Health of Kentucky. I wrote the first medical law in that state, and since it has been put upon the statute book have licensed every physician practicing under that statute, and know all of them personally. For twenty-seven years I have represented my profession before every session of the legislature in Kentucky, looking after the health and medical interests of the state, and for almost the same length of time I have represented my profession, in association with men from your state and other states of the union, before the congress in the same great cause. So that from my very entrance into the profession I have been brought in contact not only with doctors, but with representatives from almost all of the official classes, in a very broad way.

Now I started out in life with the impression that I joined a great and dignified and highly respected profession, but when I came in contact with that first legislature in Kentucky twenty-seven years ago, I very soon found that it occupied such a low place in the public esti-

mation that for it to support any bill pending before that legislature lessened the chances for passing that bill; that the endorsement of doctors did more harm than good. This was very surprising to me at first, but was rapidly explained when great representatives and senators from all the walks of life, fair-minded men, would say to me almost every day, "Doctor, this bill that you ask us to pass looks to be fair upon its face, and to the interest of the public, but to be frank and candid with you, I have very little faith in doctors; there is but one trustworthy doctor in my county, and he is my family physician, and has told me he was the only doctor there to be depended upon for anything." (Laughter.) "And I know he told the truth, for he told me confidentially and asked me not to speak of it." Of course I got no legislation from that body, and when I would return two years later I would find another representative from that county, and would learn there was another good doctor down there—his family physician—and all the rest of them could not be trusted. In this way I learned twenty-seven years ago in Kentucky that it was a custom with some doctors to speak almost habitually in terms of adverse criticism and dispraise of other doctors in the communities in which they lived, and in consequence of this I found that while the individual doctor stood highly in the estimation of the individual, as he took pains to see that no other doctor stood very well with those families, the rest of them were equally as careful about him, the final result was that the one doctor that stood high was on a pedestal, but the profession as a whole occupied a very low place in the public estimation.

Now the public sentiment which grew out of this evil faced me every day just like a stone wall. I passed through epidemics of cholera as an officer, a number of yellow fever, and hundreds of smallpox epidemics, and in attempting to protect the public health, in attempting to secure legislation, I met this condition of public sentiment. Now in my youth and inexperience I believed for a long time that this evil was confined to Kentucky. You probably know we have many peculiar customs in that state, and I thought this was one of them, but when I come to extend my observation to other states, I found that—unless

Alabama be an exception—from Maine to California this black cloud of envy and jealousy hung over this great profession of ours, cursing and blighting and blighting and cursing it everywhere, and cursing the people with it; because I am going to show you before I take my seat that this is a matter which concerns you far more than the profession itself; that its influence has been disastrous to us and far more so to you. I became interested to know how long this evil had existed in my profession, and began to search medical history and found that it antedated history; that Heppocrates mentioned it as a great evil in his day, and Aesculapius writing in his way said every mother's son of them took two or three hammers in and the sons organized themselves into one gigantic body, and the only song they sung was an anvil chorus. (Laughter.)

Now many years ago in this state, and a few years ago all over this country, the doctors awakened to a realization of what this meant to us and to the people. For the first time in history this was recognized and we banded ourselves together from one end of this land to the other to tear this thing up by the roots and cast it out as evil, and it has been done everywhere, more perfectly in some communities than others, but we are exterminating this thing. But unfortunately the public sentiment which had been created in all the ages had come down in my profession outlived the evil which created it, and as a public official before the President of the United States and great senators and representatives, the governors of states, before courts, the highest in the land in most of the states, we have found—I don't know whether to call it a prejudice among doctors; that hardly expresses my meaning; it is a complex condition of affairs, it hardly conveys the meaning to say that—we are not united ourselves, consequently are not to be entrusted with the administration of great public affairs.

Now I am going to show you by reference to two or three matters of recent history, I am going to indicate to you how this has affected us as a nation, and then bring it home to you in the State of Alabama, and show you what it is doing for you. You were told in the public prints months after months that our medical officers failed to protect

our soldiers during the Spanish-American war. I know that the figures were burned into your memory, because they were reiterated week after week that we lost fourteen vigorous, healthy young men, who had volunteered to defend this country, from preventable diseases for every one that died from the result of battle; you were told that eighty-five out of every 100 of these young men were in the hospitals from preventable sickness, and then you were told in comparison with the Japanese, in their much longer struggle in Manchuria, lost but one of their soldiers from preventable disease to every one hundred that died as the result of battle, and only one out of fifteen of their soldiers ever saw the hospital, and yet we are accustomed to speak of Japan as semi-barbarous. These figures were true, but this failure to protect our soldiers was set down to the discredit of the medical profession. This was unjust. We had at the head of the medical department a splendid man, but Dr. Sternberg had no more authority to protect the soldiers under his command than a department clerk, and his successor has not got it today, and because of this lack of authority, which the Japanese had in abundance, regiments from your state and mine had their ranks decimated in unhealthy camps, and women wore the weeds of mourning from one end of this land to the other. The medical profession had recognized that this danger hung over our armies for twenty-five years, and at our expense we had made migrations to Washington and begged Congress to relieve our army representatives of this disability, and we were received with scant courtesy. Last winter, with these two lessons before the country, and before the Congress, our representatives were there again and we were refused relief, and should we have a foreign war next year, or any other year until there is remedial legislation, it constitutes not only danger to the health of our armies, but great public danger, and danger to us as a nation, because the report of the Surgeon General of our army, made two weeks ago, shows that with one exception even in civil life we have the most unhealthy army in the world.

I have discussed this question all over the United States and asked them to stand up in the audience and tell us why these things were true and they never opened their mouths, and they came to me after the

meetings and said if a medical officer was to stand up in the audience and discuss this question, that so great is the tyranny, and so great is the ignorance, that they would be at once marked for demotion and dismissal, and yet this is nominally a free country.

Let's take one other instance. We have been digging the Panama ditch for nearly three years. This work is under the direct charge of the President of the United States. Now Mr. Roosevelt does not belong to my political party, but I yield to no man in my admiration for his learning and his courage and his patriotism. His motto is that he wants to give every man a square deal, but he has perhaps this failing in regard to my profession, which makes it impossible for him to do so, and when he came to appoint the Panama Commission he said it never occurred to him to put a medical man on it, although two-thirds of the work is sanitation and one-third engineering. He appointed his Commission, high class engineers and politicians, and most of them stayed in Washington, and they sent a great regiment down there, and finally called on Dr. Gorgas, who freed Cuba of yellow fever, and he did that because General Leonard Wood, himself a doctor, was in command, and for the first time in 400 years that beautiful island was free from the pestilence. They sent him down there to look after the sanitary work, and sent him with his hands tied like Gen. Sternberg was. His authority has gradually been extended; the other day the President went down there and cut all the red tape and the canal zone is rapidly being put in condition, but we have lost all this time, lost hundreds of lives and millions of dollars because medical work was controlled by laymen.

Let's take one more instance. Two years ago next month I was in Cuba, with representatives from nearly all the other states, because we believed that yellow fever was about to break out in this country. We were at the hospital making a study of the mosquito theory, and we decided that if it came in it would be through the port of New Orleans, and as a result of our consultations Dr. Kohuke returned with ordinances drawn and went before the council and begged them to give him authority to drain the gutters and screen the cisterns, and make

it impossible for yellow fever to get a foothold, and they laughed him out of the council chamber, and when yellow fever came in they drove that devoted man out of office in disgrace and asked the United States Government to come down there and take charge of an epidemic, which never would have occurred but for them, and this mistake cost this country many lives and hundreds of millions of dollars.

What I am trying to convince you of is that in all the history of this country, in regard to medical and health affairs, the men who have the training of this work have no authority, and the men who have the authority have no training, and we have run our affairs like a widow woman runs a farm. This is a bad record for the United States, but I am going to show you that the record for Alabama is worse than that. Half of the sickness that you had in this state last year, half of the people that you carried to the cemeteries last year, and all of the other years, were sick and died of the diseases which doctors know how to prevent, ought to prevent, and would prevent if they could have the intelligent co-operation of the people of Alabama. Your laws for the collection of facts in regard to sickness and death are very imperfect in this state, but as nearly as we can get the information you have now 15,000 cases of consumption in this state, with, of course, a very large death rate. It is a very popular impression that consumption is an inherited disease, but we know this is not true. Even if your mother and father died from consumption, at the very worst, you can only inherit the kind of constitution and soil that makes you liable to the disease, if exposed to it. But no matter what they died with, you can no more have consumption without getting into your system the germs from some one who has consumption than you can raise cotton on a rich Alabama farm without cotton seed. If the sputum and other discharges from every case of consumption now in Alabama could be collected and destroyed until all these people, who now have it, either recovered or died, there need never be another case of consumption in Alabama, unless it be an imported one. You could wipe this great white plague from the map, and yet one out of every seven of your people that die, die with this disease.

Take another disease, typhoid fever. This is important because it attacks young people in life and mothers and fathers with families. You had about ten thousand cases of that fever in this state last year, and nine hundred deaths. There was not a case of that fever in this state last year, except where the person who had it got into their mouth the discharges from the bowels or kidneys of somebody who had typhoid fever. There is no other way to get it. It is a seed disease, a germ disease, and is only conveyed in this way. In cities typhoid fever is very often conveyed through the water supplies. I wish I had time to tell you of the instance after instance coming from one case where these discharges were carelessly handled and conveyed into the water supply. It is very often conveyed in milk, because if you have not got inspection you get no good milk in this country. It can be carried on the hands of people who are careless in handling a case, and in the smaller towns and country districts, and very often in cities, the fever is carried by flies, by the house fly. When President McKinley sent his Commission to Chickamauga and found two thousand of our soldiers sick with typhoid fever, the Commission went there with the impression that the Chickamauga river was affected, but on analysis they found no germs in the water. They found that the disease was confined to the common soldiers; that the officers had escaped it; that the doors and windows of the officers were screened and others were not. They found that the latrines were covered with flies and found them swarming in the kitchens of the soldiers. They wanted to be certain and marked the flies by sprinkling powder over the latrines and they went in and found the boys fanning the flies off with one hand and eating with the other, flies swarming over their hands, and they found they were the same flies because of the white powders. They took parts of the flies and found typhoid fever germs by the millions. This experience has been verified in civil life over and over again. We found that in a little town that flies will collect at places, and at meal times they will go all over town. One carelessly managed case is sufficient to expose the whole town. We found in country districts that often they will go a quarter of a mile and go into dining rooms and kitchens. We have

published this information in Kentucky and our newspapers have cooperated with us and urged every family, if they are not able to screen the balance of the house, to screen their dining rooms and kitchens, and yet we have made very little headway. In this State, in the capital of your State, I fanned the flies off of my meal in one of the best hotels in your State, and tonight in one of the best hotels in this town I did a good deal of the same thing. Flies are not nice; they don't care where they come from, come from the worst places and light on your bread and meat, and wherever a fly lights on food it is dangerous. Flies are bred entirely in stables with horses, bred only from manure from horses. In a city like this it is possible to banish the flies, although I am not positive but what you would have to banish the negroes with them, because they seem to follow darkies very closely. I wish I had time to tell you in detail about the epidemics of diphtheria and scarlet fever. In the northern cities these diseases are carried, to a large extent, by the vast horde of people flocking to this country. I came from Italy a few weeks ago with seventeen hundred dirty Italians that seemed to me might carry anything. They were not to blame; I felt sorry for them. You don't have much of that in this country, but have another way of carrying it, probably in ready made clothing for children. Nearly all this clothing for children is made in the sweat shops of the great cities by poor foreigners at starvation wages. Our inspectors have found over and over again great stacks of clothing for children being made in rooms where there was diphtheria and scarlet fever. The germs of scarlet fever will live for years. They fold them in the most favorable way to keep germs alive. When they are opened up they are put on the backs of boys and girls, and if they contract a severe case a physician is called in and it is suppressed; if it is a mild case it is permitted to take its course and spread in the community. We published this information and have begged our people never to use clothing for children without subjecting it to steam heat. It is inexpensive and yet we are unable to have it done in the majority of instances. I wish I had time to tell you about the unnecessary death rate of babies from cholera infantum. We talk about the soldiers of Herod

slaying the babe of old, they only killed a few and this kills thousands. It is produced almost entirely by impure milk. This was recognized in Rochester, New York, a few years ago, and depots for sterilizing milk were placed everywhere and they cut down the death rate fifty per cent., and yet three weeks ago the dairymen employed attorneys and tried to have the ordinance appealed, and said there were only 7500 babies in Rochester and it ought not to be allowed to interfere with the great industry. I am saying nothing to these Alabama doctors, they are familiar with the facts, and led by Dr. Sanders, of your State, they have gone before your legislature year after year and begged the legislature for improvement in methods, begged for such financial support as would enable them to stop this unnecessary death rate and they have made very little progress. Why, because the average legislator in this country, on account of this distrust, have believed that the doctors were asking for the passage of these laws for their own benefit. Now, what possible interest could these doctors have in preventing sickness except for the public good? Their only means of livelihood is by treating the sick and in so far as they diminish sickness they diminish their income. But all of the great professions do unselfish work. If the preachers did nothing but what they were paid for, they would discharge a small part of the duties required of them, and the same thing is true of the legal profession, true of the teachers and of the editors. A large part of their work is unselfish.

Now we have gone on year after year attempting to secure this legislation, but our success has been prevented on account of this prejudice to which I refer. I know more doctors in the United States than perhaps any other five hundred men in this country. I know them in every state and I want to say in the light of that knowledge they will compare favorably with any other class of men on earth. We collected the facts in my state three years ago to try to ascertain the money value of the charity work done by the doctors in Kentucky, and we found it amounted to more than the taxes paid in that state. We found that more than half the people in Kentucky never had paid a doctor's bill and never intend to. We have our large negro population

and it is against his principle to pay interest and against his interest to pay principal, and a good many of our white people have caught the same disease, and yet none of them have suffered for the want of a doctor. Do you know in all the leading cities the leaders of my profession walk the hospitals giving the same kind of attention to the tramps and hobos, giving the same attention to them as to his millionaire patients. We find in the country in season and out of season they go from hollow to hollow treating man's poor and God's poor and the poor devils. Nothing like it, and yet it is these men who have been distrusted because doctors talked unkindly. I plead guilty that we created this thing, but we have put it behind us. I became very much interested to know why, if my profession is what I claim it is, why it permitted this evil to continue so long in its ranks, and I had no great trouble in tracing this thing to its root. It was a consolation to me to find that this was an evil not confined to my profession. I found it was an evil in all vocations where men live segregated lives. You saw two or three banks in the community and it was considered quite the thing for presidents and cashiers to pass on the streets without speaking, and often their wives fail to speak to each other, but that has disappeared. I was surprised that the record of the clergy in this respect was even worse than the medical profession. The pages of history is red with blood resulting from their dissensions, and I can recollect in my day when it was nothing for two or three of the denominations in my community to meet and have debates on the mode of baptism, but now this great calling has been organized and there is a pastors' association in this state and every other hamlet where these representatives of the most sacred calling meet and discuss the moral and religious interest of the community and have promoted the religious interest.

I want to turn to one pleasant feature. There is one great calling where this evil never took root, where they have always lived together in peace. You can never have two lawyers to quarrel with each other unless you have paid both of them in advance. We owe this profession so much in our state. We have advanced legislation and we owe it to the legal profession and to the press of our state. Every bill that

I have introduced in the legislature was referred to the judiciary committee and they put our laws on the statute books and our great judiciary have broadened that until as soon as we have an educated sentiment back of it we can give to the people all that modern science holds out to them. Lawyers are not better men than doctors and preachers; they would not claim to be; they are our brothers and kin folks, but they live at peace because they live in the aggregate. Every term of the court is a post graduate course and quite a business man's organization, and being in close touch they recognize what is worthy and appropriate. They have gone into the courts and construed them and into the executive offices and administered them, and they have done it wisely and well. I doubt if civil liberty could have maintained in this land except for this great altruistic work of this profession. Had doctors been equally united boards of health would have been made as much a part of this government as the courts are. They ought to have been. The great health department at Washington with a representative in the cabinet, with great laboratories for the investigation of the causes of diseases with agencies everywhere searching out and removing these causes. It is just as important to the people of the United States as the Supreme Court. Human health and human life are certainly equally important to any property interest, and we cannot have this protection until we realize it and your State Board of Health at Montgomery, with its members so supported that they may devote their entire time to the duties of their office. It is just as important to Alabama as your supreme court, is your need for that body. You need your courts to protect the property interests, and you need a great health department to search out the causes of diseases, which are carrying off your families and threatening you every day of your existence. The health department in the city of Birmingham, and in the county of Jefferson, with its health officers so supported that they may devote their entire time to the duties of their office, it is just as important to the people of this county and city as any court of your jurisdiction. No health officer should practice medicine any more than a judge on the bench should practice law. Your health officer should

be equipped for these investigations, for the analysis of water and food that he might go into your groceries and inspect the articles offered for sale. We have found upon investigation almost everywhere that adulterated food is being handed over the counter to you. Your health officer ought to have inspectors in your schools every day co-operating with your superintendent so that the first case of contagious disease might be recognized and prevented. The question of ventilation, heating and light should be his special care. There should be constant supervision of your slaughter houses, and you would be astonished, unless conditions are different from those in other cities, if you knew what was going on. We made a great outcry over the conditions found in Chicago, but the conditions there pale into insignificance when compared with some others in some sections of this country. There ought to be a health department here in the great city of Birmingham and in the county of Jefferson where your medical officer should be selected from the very highest ranks of the profession as you select your judge. The laboratory should be there so that any substance demanding analysis could be taken to this office any time and have expert information. It need not be very expensive, but you cannot afford to be without it no matter what it cost, because the greatest tax on the people today is not what you pay into your treasuries, but what you pay for unnecessary sickness and for unnecessary funerals and my profession knows it is true and we are prevented from accomplishing these things because of the distrust of doctors and I have begged the people to divest themselves of this feeling and stand by us and enable us to protect them and in the discharge of this duty I have been a stranger to my family for years, with the only regret that my power to present these things is so feeble as compared with other men's.

Now in order to do this we have effected a great organization in the United States. We have long had it in Alabama, a society in every county, in almost every state, where the doctors might be brought together, and I am going to tell you what the doctor should do and how you may help him. I believe that in this county your society, the great profession here—and I have been in session with them this afternoon,

and I want to say to you that I thought I was in the presence of a profession where there was more promise than almost any I have ever stood before in my life. I don't think I ever saw a body which has such possibilities before it. We believe that there should be a post graduate school for doctors in this county, where they can meet once a week and study medicine together, raise the standard of competency in this county. They tell me here that the attendance is large, but many doctors do not attend, and they have many who are not members of the county society. I want to tell you frankly if a doctor is not studying medicine either in his office or in conjunction with his county societies there is only a question of time when he is going to be a danger to every family he works on. If I lived here I would ascertain, if I was a layman, whether my family physician attended these meetings, and if he did not do it, if he was my brother, I would dismiss him, because I had just as soon be killed by somebody else as my kin folks. I would make an investigation and find out. We believe that the doctors should do this and I can probably present an object lesson to you that will convey its importance more clearly to your mind. Speaking before a large audience in Indiana three years ago, after I had spoken of the necessity of this post graduate work and the discussion was opened by a great surgeon in the little city and he began by saying "Doctor, I have read all your committee has ever offered on the subject, but I am glad we have some more in this county than your committee suggested. Three years ago we induced every doctor in the county to join our society, invited the homeopaths and osteopaths to come into our societies, and decided to start the post graduate course according to your suggestion, and I was selected to give illustrations in anatomy and two young men agreed to do the dissecting, and one of my colleagues was elected to give lessons in chemistry, and we began to meet and became so interested that we never had a vacant chair, unless some doctor was kept away by an emergency case." He said "when this had gone on a while a cry was raised that it did not meet often enough, and we met twice a week for three years and studied medicine and the uplift has been astonishing." He said "as this work has gone on a

condition has developed in the profession, which was surprising to me. I am engaged in the hospital work, and don't do general practice, but" he says "after I come in closer touch with them, it developes that half of the doctors in the county are too poor to practice medicine after they qualified themselves; they are unable, their income is not sufficient to enable them to buy the office equipments necessary to give their patrons their knowledge, and we have been afraid to discuss the matter before the people, and waited for you to come and tell us what to do." He thought he was telling me something very strange, but I knew that this was true of half of the doctors in the United States. Probably it is not true in this community; I have made no inquiry in this community, and never do until after the meeting is held, but I find all over the United States people are misled as to conditions in the medical profession, and nearly always there are a few prosperous doctors in the community, like there are a few prosperous lawyers. The hardship in the professions has greatly increased, because the cost of living has almost doubled in this country in the last ten years; the learned profession has not shared in the prosperity of the country, and they are all in distress, because the cost of living has almost doubled with them, while their income has not increased. This does not cause such a danger in the other vocations as ours. You don't have to take the advice of a lawyer, and won't take the advice of a preacher, but there comes a time almost every year when the life of some of your family depends upon a physician.

Three weeks ago I came home from Chicago at noon and found my son ill, and there came a call over the telephone to go up the road and see an old Confederate officer, who was taken ill a few days before. At his urgent request I took the train and went back, with the instruments necessary, and relieved him in two minutes after I reached the house, because I had the instruments to do it. As soon as he was relieved he urged his wife to prepare a hot dinner for me, and furnish me anything else that might be necessary under such circumstances, and he asked her to fix him a hot bath, because he had been suffering greatly and had had a little operation, and I took the doctors out and

said "This is a shame; here is a great old man and you ought to have relieved him and didn't have the instruments," and those men, with tears streaking down their faces, said "Doctor, don't scold us; it is not our fault. We are unable to support our families and buy books and instruments. These farmers want cheap doctors, and they get them, and it is impossible to keep ourselves equipped." I gave each of them an instrument for that kind of case. I had seen scores of old men losing their lives from poverty of the profession. When I went back in the house he said "Doctor, I want to give you a check for your bill; how much is it," and I told him a hundred dollars, and he said "I would be glad to give you five hundred dollars for the relief you have given me," and I said "If you had been as liberal with your family physician you would not have had to send for me." And that is going on all over the United States. I said to this doctor, "Before I answer your question and tell you what to do, I want to know if there is a county representative who has discussed this matter," and Dr. Rose said yes, and I said "How did you do it," and he said "We have a large county, with two small cities, and attempted to start a post-graduate course, but the doctors said 'we cannot give the time necessary for the work; we have got to be at our office to do the work.'" He said at last he called in the financiers of the community and leading business men, and when the President stated to these laymen the necessity for them to be present, a great old banker said "This is the most alarming statement I have heard; I don't believe there has been a year in my life that some member of my family has not been dependent on a doctor, and for you to tell me that a physician is crippled for the lack of a few paltry dollars—it is too bad. I am able to endow my doctor, and if it is true we will call a mass meeting of the people and lay the facts before them." He said it was done and committees were appointed to investigate and ascertain if this was true of the medical profession, and it was true, and a method of relief had been adopted and gone on for three years.

I never did discuss these business matters, except before the people. If your family physician is unable to procure these things it constitutes

a danger that hangs over you until this condition is removed. This doctor said "After we did this, we decided to take one more step; that we must break up the evil of unnecessary night practice." There is a certain amount of practice that doctors must do at night, but there is not a doctor, or doctor's wife, in the sound of my voice that does not know that nine out of ten calls that a doctor has at night are unnecessary. It is nearly always the husband's fault, as in everything else. Along late in the evening the wife will say "We had better have the doctor to see Mary," and he will say "Wait; maybe we won't need him at all," and they wait until the doctor is sleep and call him. I married one of the best women in the State of Kentucky, and one of the handsomest, and promised the preacher to live with her, and I found that people would not let me do it. As Dr. Sanders says, often when he would go on a night trip he would have to take a lamp and keep the dogs off, and the people would be sleep. When I found this out I announced to my people that I would charge double price after eight o'clock in the evening. Ladies would say to me, "I understand you don't like to get out of bed at night," and I would say "Do you? I would like to get out of bed as well as you would." If you will send for me before eight o'clock in the evening you will get a better doctor at half price. When a doctor loses sleep at night his brain cells are deranged like a lawyer or anybody else; his perception is not clear, and he makes a mistake and you have prolonged sickness, or lose a life.

Now just as soon as these things have been done this great county society in Jefferson ought to take up this great co-operative work with the people. I will suggest what they should do. They should first meet with the druggists, invite them to come in here and meet with the doctors, and discuss matters of common interest. Druggists tell me that they are not getting a square deal from the doctors. If this is true, there ought to be a frank discussion and their claims ought to be adjusted, and we know a great deal that is going on in drug stores ought to be stopped. Many of our druggists are elders and deacons in the church, but the average drug store is little more than a depot for the distribution of cheap whisky under the guise of patent medicine. You

go in the drug store and see Peruna, Hood's Sarsaparilla, Warner's Safe Cure and Mrs. Lydia E. Pinkham's Compound and other things—cheap whisky flavored more or less with medicine. You go on over the stock and find Bromo Seltzer, or head-ache powders, every one of them dangerous. Then you take the cough medicines, containing morphine and chloroform and cocaine, cures for consumption that doctors would not prescribe. If you use them a little while you create the habit, and you have Mrs. Winslow's Soothing Syrup, and Baby's Ease and Baby's Friend. Coroner's inquests are being held over this country from the use of these things. We ought to ask the druggists to come in here and discuss these things. They tell me they would like to stop the sale of these things, but popular demand is so great that they cannot do it. Let's call them in here and try to educate the public in this thing. There is another thing that goes on in drug stores that ought to be stopped. Over half of the diseases in young men, resulting from immorality, are not treated by doctors, but treated by little boy clerks in drug stores who laugh at these things. That is not the worst of it; these uncured young men, having faith in what has been done for them, go out and marry your daughters and your sisters, and in a little while these women are in the hospitals for an operation. I am urging the doctors everywhere to call our drug friends in here and break up this practice and protect our purity and our society. We have got to have legislation in this county requiring men to produce certificates of good health before entering into marriage relations. As soon as we have done this, we ought to invite the clergy to come in here and meet with us. I would not like to be misunderstood on this question. I yield to no man in my regard for the clergy; I married the daughter of a clergyman, I have lived with preachers a large part of my life under my roof. When I got in on the noon train the other day I found eight preachers at my house for dinner. But unfortunately, as we have our quacks, and lawyers have their shysters, the clergy are cursed with their quack preachers.

I am going to talk about quack preachers a few minutes. I have been examined as a patient in nearly all the institutions of the coun-

try. I give them my name. I am comparatively healthy, but Job didn't have a pimple on him to what they said was the matter with me. I find that most of the quack doctors are quack preachers. R. C. Flower, the greatest quack this country ever produced, was the pastor of a church in my town when I went there to practice medicine. He was driven out of his church on account of immorality, and in a few weeks turned up in Boston as a great doctor that wanted to treat cases that other doctors didn't know anything about. I talked to a quack in Missouri, and asked him if he was ever a clergyman and he said yes. And so I found it. But not only that; preachers ask me very often why it is that so many doctors are not religious men, and I answer them frankly because a great many doctors, with insufficient evidence, have lost faith in the personnel of the clergy. Doctors have done the practice of the preachers gratuitously nearly always. When a doctor loses a night of rest and gets his morning paper and finds a preacher who has certified to the great benefit he got from drinking Duffy's Malt whisky it shakes his faith in the clergy. I saw where a young lady was going across the state of Tennessee in a sleeping car and was attacked with a pain and Dr. Stevens got her a bottle of Duffy's Malt whisky and when she drank half of it she didn't know whether she had a pain anywhere or not. In going over Tennessee last year I heard eight preachers reported dropped from the ministry on account of intemperance on account of the use of Hostetter's Bitters and Peruna. Did you know that the United States Government had forbidden the sale of Hostetter's Bitters and Peruna to the Indians? Anything that is not good for Indians ought not to be sold to white folks and negroes. A good man saw in his church paper an advertisement of Peruna, and he believed what he saw there, and began to take it and went on a couple of years and his condition became so serious that a great physician was called in, and said to his son "Your father is a chronic inebriate." The boy said "I cannot see how such a thing could have occurred, because he has not taken anything in two years except from one to two bottles of Peruna per day." One of the most consecrated ministers in our county, who don't drink whisky any more

than I do, and I don't drink it—I don't believe in the use of it in medicine—let's quit it and save the drunkards—this consecrated old minister was in feeble health and needed a tonic, and he saw an advertisement of Peruna in a church paper and believed it, and had a right to believe it. He began to take it and wrote to Dr. Harter to know why he was not relieved, and he told him to take more, and he went on until a leading physician was called in to see him, and found that old man with delirium tremens from following the advice of his church paper. The only thing we could censure the true minister for is that they have hesitated in their pulpits to denounce these things. I know where the true clergy has been on the subject. There are preachers here tonight and I hope they will discuss this thing as freely as I am doing. They are urged to come to our support. A great clergyman asked me the other night "Why don't you ask the church members of your audiences to drop a postal to their church papers when they see these things and ask them to stop the advertisement or stop the paper?" He who spoke as never man spoke was both a preacher and editor. We need the help of the clergy every day.

Now, let's get together and see if we cannot stop these evils, and as soon as this is done, let's ask the good women to meet with us. They are the natural friends of doctors; they are ready to help us. They ought to meet your civic leagues and discuss it, and meet your Christian Temperance Unions and discuss these matters with them. A great many of them dote on Mrs. Pinkham's Compound, with 21 per cent. of alcohol. I saw where Mrs. Pinkham asked the good women of Alabama to correspond with her and she would give the letters her personal attention and hold them as confidential. Now, if you will buy the Ladies Home Journal, of last year, you will see a picture of her, showing that she has been dead twenty-five years. We ought to ask the representatives of the press to meet us here. The newspaper men are in a great deal of trouble about these patent medicines; they discuss it with me everywhere, and they need our assistance. Doctors have censured the press very unjustly in regard to quack advertising. No other vocation has been more misunderstood than this one. We co-operate

in our state and have not a quack doctor in Kentucky, and have not had in fifteen years, and we owe this freedom to the legal profession and the great press of our state.

Last winter a bill was offered in our legislature to regulate the advertising of patent medicine, and I opposed its passage, because I believed we could accomplish more with the press. I heard a great representative of the press—we have in my state a medical committee from the Press Association, and a press committee from the medical association, with Mr. Watterson's partner as chairman of the press committee, and I am chairman of our committee—I heard a great representative of the press say in a discussion in Michigan the other day, "I would like to drop many of these things, but I cannot publish a newspaper at the price which obtains in this country without having advertisements, which I would like to eliminate. I publish a paper for two cents, and I believe if I had a 5-cent paper, or six or 8-cent paper I could have clean pages." A great doctor in Chicago was called out to see the family of a newspaper man and the editor said, "Never a thing occurs in my paper that cannot be read by the most refined girl in this city without a blush," and the doctor said "Hand me your paper, and the son and daughter and wife were at the table, and he read one of these vile things to the men, and in a few minutes the daughter left, and in a few minutes the wife left, and then the son left, and he said "What do you say," and the editor said "I meant in the editorial and news columns." Whatsoever a man soweth, that also shall he reap. Had you not better pay ten cents for your morning paper than to pay ten times that for the cure of the cigarette habit, or have your boy made a forger, or an embezzler in the country?

\$75,000,000 worth of patent medicines were sold in this country last year. I have the secret proceedings of the association in my hands, and the President said in the course of his report that \$40,000,000 of this had been paid to the press every year, and "Formerly we had to maintain lobbies to defeat pure food legislation, and other legislation interfering with our interests, but now we can control these things better, because of the large sums paid papers, we can force them to do

it," and I have the contract in which they pledged themselves that while this contract existed nothing should appear in their columns interfering with the contract, and if any legislation occurred in his state the contract was void. He said through those contracts he was able to control them, but I want to say when he uttered that statement he uttered a vile slander against the press in my country and elsewhere. I have had newspaper men to tell me time and again that they wished they could not publish these things, because of conditions which it was not necessary to explain. Now, then let's invite our newspaper friends to come into the meetings with the people and discuss these things gradually. It may not be done in a day; none of these things are done in a day or year, but let's co-operate with them, because everybody is as anxious to cultivate it in this country as to cultivate their God. We ought to meet with the Bar Associations; we do it in our state. In France and Germany it has been necessary for the doctors to go into legislative bodies to do this work. We have entered a period when we must have this legislation for the protection of the people; great sanitary problems are arising that must be met, and met by the medical profession directly or indirectly. Let's discuss these questions like we would discuss the expert testimony. Criminals are being permitted to escape; great injustice has been done in the courts because doctors cross each other as much so as lawyers, with this important difference, that the doctors are under oath, but the lawyers are not. Let's invite the bar to meet with us and work out these problems. We ought to meet in the same way with the teacher's institutes. Your health officer ought to be provided with a great stereopticon, and in teacher's institutes he could throw these germs on the screen and explain them to the teachers. Not only that; he ought to go to the school houses and have the children and parents gathered there and explain these things to them, because any child can comprehend the method of meeting these diseases. We meet with the labor organizations and farmers unions.

I have spoken much longer than I intended, and yet after doing so I have only been able to touch some great problems that will need re

iteration from month to month. I hope this is only the beginning of a public meeting when the doctors of your city will meet with the people and take up these questions and work them out. You have a great profession here and many of these problems are such that this profession must have the co-operation and confidence of the public in solving. I tried to make you understand what I believe your county society ought to be; and I want to say one word as to what the individual doctor in Alabama should be, because no chain can be stronger than its weakest link. The doctor ought to be the cleanest man in his community; ought to be the cleanest man physician and ought to be the cleanest man morally, because he comes in relationship that he has to be trusted in ways that makes it necessary that he should be the highest type of manhood, ought to be the leader of that, a man of culture. He should stand foremost to all the world on all great moral question; his home ought to be a center of refinement and culture, and he ought to be the kind of man that every good mother and every good father would point out as models for their children. This is what we need. He ought to be the kind of man that would no more say an unkind word of another doctor than he would of a good woman in the community. But if I serve no other purpose in coming into your state than to induce every doctor who hears me to take the view, which I took twenty years ago—that so long as God let me live I would not say an unkind word of my brethren, I have done well. If we can do this we would at once step into our rightful place in the public estimation. (Loud applause.)

The Prevention of Typhoid Fever.*

J. M. Mason, M. D.

Birmingham, Ala.

Mr. President, Gentlemen of the Shelby County Medical Society, Ladies and Gentlemen:

In typhoid fever we have a disease which is almost endemic to this section of the country. This is due, perhaps, to several conditions, some

*Read before special meeting of Shelby County Medical Society at Montevallo, Ala., Oct., 1906.

of which are under our control and are therefore preventable. Others are practically beyond us, so far, and consequently have us at their mercy.

Unquestionably the disease prevails to too great an extent, and we can do much by concerted action to control it.

To obtain control, it is necessary that we know the cause of the disease; the mode of the existence and growth of the causative germ outside the body; the modes of its entrance into the body, and the manner in which it leaves the body. By carefully analyzing these matters, we learn how to destroy the life, and prevent the growth of the germ outside the body, and by so doing we prevent its entrance into the bodies of other individuals.

The result of such management of typhoid fever will be the control of its outbreaks and the prevention of its spread.

An historical review of the disease will not be in order tonight, but we may note that it is, no doubt, a disease of antiquity, though, until recent times it was confounded with various febrile disorders.

Up to about 1836 it was not differentiated from typhus fever, a disease which is entirely different, and which is much more pestilential and fatal.

In 1880 Eberth discovered the germ of typhoid fever, and all subsequent investigation shows that the presence of the germ is always necessary for the production of the disease. With this fact before us, no one holds that the disease can originate in filth or "de novo," and we agree with Budd, who claimed in 1856 that "the typhoid poison is generated by the patient himself. The disease cannot develop spontaneously, and every case originates immediately from some antecedent case."

In a given case of typhoid fever, how do the germs leave the body or how is the poisonous or infectious material given off?

The germs are found in the stools from the beginning of the second to the end of the third week, most constantly. Frequently they are present for a much longer time. They are found in the urine in a large percentage of cases and continue to be discharged by the kid

neys for an indefinite period of time; in many cases long after convalescence has been established.

The germs remain latent in the gallbladder, subject to periodic discharge for years, and there is a slight possibility of their occasional discharge from the exhalations from the lungs, the secretions of the mouth, and perhaps, in the perspiration.

After being discharged from the body the germ shows remarkable vitality, living for three months or longer in water; a much longer time if thrown out on the ground in the discharges of the patient's bowels; for a long period of months if left to dry on an old sheet or piece of bed linen; and all this time, be it remembered, the germ is in an actively infectious condition and capable of reproducing the disease if by any means it gains access to another individual.

The germ gains entrance through the digestive tract. It penetrates the intestinal wall, causes ulceration, and from there enters the blood stream and causes the general symptoms of the disease.

The digestive tract may become infected through any agency which brings the germs in contact with the mouth. Infected water is considered the most common source of infection, but this has no doubt been stressed to the point that other important avenues of infection have been overlooked. Infection may come through drinking the infected water or through the contamination of dishes, cooking utensils, etc., which are washed in the infected water, or by the infection of articles of diet and of food supplies which may be mixed with this contaminated water and which may be eaten without being subjected to enough heat to cause sterilization.

Milk, in addition to being one of our most generally used articles of diet, is a most excellent culture medium for the germs. It may become infected by dilution with contaminated water or by being kept in vessels washed in such water. It may be directly infected by flies which have fed on typhoid dejecta, or may be infected by the hands of some milker who may have contaminated his hands by attending to some patient sick with typhoid fever. The smallest amount of infectious material will, when added to milk, soon develop enormous

colonies of typhoid bacilli. Other food stuffs may become infected in the same way, and will act as infectious agents if eaten without sterilization. Household articles, particularly the bedding and linen of the patient may become contaminated from his discharges, and if not sterilized, may retain the infecting germs for a long period and may transmit the disease to the laundress or other person who may have the handling of the article long after the original patient has recovered from his disease.

I would call your special attention to the part that is played by the common house fly in the spread of the disease. By their well known habits of alighting on and feeding upon human dejecta and all manner of filth they cover their feet and limbs with the fluid and semi-fluid material with which they come in contact. This germ containing material, in the case of typhoid dejections, is carried by the fly to the kitchen and dining room and is deposited in milk, soups and other foods stuffs upon which he alights and feeds, with resulting contamination and infection of the food.

In many articles of diet the germs after being deposited grow with great rapidity, so that, under favorable circumstances, the smallest possible amount of germ bearing or infectious material will by this process of rapid growth develop enormous numbers of virulent typhoid germs.

During the war with Spain the army camps were subjected to most frightful epidemics of typhoid in spite of all the care that could be taken in securing good and pure water. A commission consisting of Prof. Victor C. Vaughan, Dr. E. O. Shakespeare and Major Walter Reid, all physicians and scientists of the highest attainments, was appointed to ascertain the manner in which such wide spread infection occurred. They made, perhaps, the most thorough investigation and complete report that has ever been made upon the subject of typhoid epidemics, and attributed the greatest amount of infection to the myriads of flies which were in every one of the volunteer camps.

They reported that in the hurry of organizing and mobilizing large bodies of volunteer troops, the frequent arrangement of company or

regimental camp was: a line of company tents, in the rear of these the kitchen and mess tents, a few yards in the rear of these the latrine. This usually was a shallow ditch in which dejections were deposited and into which the excretions from the sick were emptied. It was the regulation that these should be covered daily with earth and limed, but in the disorder and inexperience of the volunteer organizations the work was so carelessly done and was so often neglected that it afforded no protection whatever.

All day long in the warm summer days these latrines were covered with innumerable flies and the kitchens, store-rooms and dining rooms were similarly infested by the same swarm of flies. It was at times observed, in the course of the investigation, that flies caught on the tables or in the kitchen had lime on their feet and limbs which they had evidently picked up from the latrines.

In England's war in South Africa similar conditions prevailed and their surgeons arrived at the same conclusions as to the influence of flies in spreading the infection.

A recent observer in Chicago made some interesting bacteriological experiments in relation to flies and typhoid excretions. Vessels containing typhoid dejections were left exposed until a number of flies were seen to have fed upon the material. Several of the flies were then caught and upon making microscopic examinations and culture experiments, bacilli evidently of the typhoid group, were found upon the legs of a number of them.

From these observations we may say that the ability of the fly to act as the carrier of typhoid germs is established, and the danger of the insect in spreading the disease must be borne in mind.

Having considered the most frequent means of spreading the disease, let us see how we can go about controlling it.

A different problem confronts the city, the village and the household. One underlying principle, however, applies to all, the proper handling of each individual case that develops. Every city if properly organized has a pure water supply, a complete sewerage system and is supplied with milk from clean, well kept and frequently

inspected dairies. To maintain the purity of the source of the water supply should be the city's greatest concern. If it is a running stream it is liable to pollution from any case of typhoid fever that may occur upon the water shed. The whole water shed should be under the control of the city government, and should be subjected to careful and thorough patrolling and inspection. Carelessness or neglect in this matter gives rise to much of the fever that occurs in cities. If the water supply is at all subject to accidental contamination, efficient filtration is demanded.

No shallow wells should be used, for they are sure to become contaminated by surface drainage.

In a city the size of Birmingham 123 dairies supply us with milk. Let a case of typhoid fever develop on the premises or in the family of any one of these dairymen or in the family of any one of his employees who is engaged in handling the milk, and if the fever case is carelessly handled or its true nature not recognized, contamination of the milk may occur and the disease may become wide-spread among the customers whom he supplies.

These considerations make it necessary for every city to carefully inspect the dairies and investigate all cases of suspicious illness, as well as to make careful chemical and bacteriological tests of the milk sold in the market from day to day. No southern city is thorough enough in this work to prevent some cases of fever from arising from this source.

In each city a complete water-carriage system of disposal of sewerage should obtain. Every house should be connected to this system and no open closets should be allowed. If this were always the case infectious discharges would be at once disposed of by being emptied into the sewers and carried away. However, as cities continue to grow, the building of houses goes on ahead of the building of sewers and some open closets will be found which are dangerous as the possible receptacles of unsterillized typhoid excretions. Some open sewers will also be found and much broken and leaking plumbing. These give opportunity for the escape of infectious material from typhoid cases.

THE VILLAGE.

In the village the conditions are more favorable for the spread of typhoid fever than in the city, and the danger is in direct proportion to the density of the population. The average village contains no public water supply and the only sewers are open ditches. The individual house holder has his own well, his open closet, and often his own dairy. The well is usually shallow, and therefore liable to contamination by surface drainage. It may be so situated that in wet weather there is danger of contamination from the closet. The closet is located at some convenient place on the rear of the premises and the kitchen always occupies the rearmost portion of the residence. Screens are not in very general use. You will at once note a similarity of arrangement between these premises and the army camps which have been alluded to.

When we remember that in many towns where property is valuable whole blocks may be built up in this way in lots only 40 or 50 feet wide and perhaps 150 to 190 feet deep we can easily see how typhoid infection may be spread just as it was in the army camps.

All villages should have stringent sanitary regulations and should see that all premises are regularly and systematically cleaned and limed and that the open sewers are always kept free from stagnation.

THE INDIVIDUAL CASE.

The preventive treatment of typhoid fever has as its foundation the careful management of the individual case.

Let it be remembered that the discharges from the bowels and the kidneys are the bearers of the poison. In every case these discharges, in the course of the disease, soil the patient, his linen and the bed clothing. His own hands become contaminated, and he is liable to infect dishes, drinking vessels, etc., which he may make use of. The water in his bath tub and the tub itself will become contaminated in the course of the disease. The nurse who attends him is sure to contaminate her hands over and over each day, and only the most careful washing and disinfecting will protect her against the disease.

The patient should be protected from flies for reasons that we have already dwelt upon. If the whole house is not screened it is important that he and the kitchen and dining room be protected. Every particle of the discharge from bowels and kidneys should be disinfected, and in the absence of sewers the discharges should be buried. This will safeguard us against any error or oversights in the technique of our disinfection.

The following rules for the sterilization of dishes, linen, etc., are in use at Johns Hopkins Hospital and can for the most part be made use of anywhere:

Dishes must be isolated, washed and dried separately and boiled daily. Thermometers must be isolated, kept in bichloride 1-1000, which must be renewed daily. Linen when soiled must be soaked in 5 per cent. carbolic for two hours before being sent to the laundry. Stools must be thoroughly mixed with an equal amount of milk of lime and allowed to stand one hour. Urine must be mixed with an equal amount of 5 per cent. carbolic and allowed to stand one hour. Bed pans and urinals must be isolated and scalded after each using. Syringes and rectal tubes must be isolated and the latter boiled after using. Tubs must be scrubbed daily and canvasses changed daily and soaked in carbolic as the linen is. Hands must be scrubbed and disinfected after giving tubs or working with typhoid fever patients. Blankets, mattresses and pillows must be sterilized after use in steam sterilizer.

I should like to call your attention to one important matter. No one should ever assist in the nursing of a case of typhoid fever who has anything to do with the preparing or serving the meals of the household, or in milking or handling the milk supply of the house or of a public milk supply. There is danger of direct contamination of the hands in handling the patient, and of direct infection of the food supplies in handling the food.

This has been brought to my mind by the fact that it often occurs that the mother may nurse her child or other member of the family, and at the same time may do a large part of the cooking and serving at the table. In several house epidemics which I have been called on

to investigate, this has seemed to be the most probable way in which infection has been carried to other members of the family.

Keep all the excretions disinfected so that no infectious material is given off from your patient: have your homes screened throughout (and keep the screens closed) so that flies will be kept from the sick room and from the kitchen. Carry out carefully the rules laid down for sterilizing linen, dishes and other utensils and you will have done your part in rendering your case free from danger to others around him.

The Prevention of Infectious Diseases.*

By Z. B. Chamblee, M. D.

North Birmingham, Ala.

In selecting this subject to write upon I do so with the idea that great good has been done and will and is still being done in the prevention of infectious diseases, and that in a great many of our infectious diseases more can be done by prophylaxis than by our treatment.

Taking into consideration the great amount of good the world has realized from the careful study and investigation of such men as Jenner, Koch, Erbert, Pastuer and Walter Reed and many others, the accumulated knowledge of the etiology and pathology of many diseases is of unlimited value to man, and we are now, and will continue to reap the benefit of their labors. These, as well as many other investigators, have proven by careful research and demonstration that certain well known facts exist proving the contagiousness and infectiousness of some diseases that the laity is not yet taught up to, and even some of our own professional brethren are slow to take hold of.

We must educate our people and our patients in the way in which diseases are carried, transmitted, inoculated, etc., if we wish to accomplish great ends along this line, especially is it so with tuberculosis and like diseases that develop insidiously.

*Read before the Jefferson County Medical Society, Oct. 22, 1906.

In the recent yellow fever epidemic, that is still fresh in the minds of us all, the part the mosquito played in conveying the disease, I am sure no one will doubt, and had the laity and profession as well, been thoroughly familiar in the beginning of the epidemic, with modes and ways of contagious and transmission of the yellow fever germ, many a life in my mind would have been saved, many a person escaped the disease and the city of New Orleans spared many a dollar, to say nothing of the general scare and dangers and expence, that was scattered broad-cast all over the South.

For instance a man was sickened at a hotel in our own capital city, suspicion was aroused, investigation made, diagnosis of yellow fever confirmed and the patient insulated and screened off. So thoroughly was the knowledge that had been gained by previous investigation and demonstrations carried out by our very able health officer that not another case originated from this focus.

Investigation now along the mosquito line in regard to malarial is a very important one and no doubt will be ultimately an easy matter to control malarial fever by getting rid of the species of mosquitoes that conveys and stores up the poisons. While there are other means possibly of conveying the malarial poison, I believe the mosquitoes responsible for most of our malarial. As has been demonstrated, a man can go into a malarial district and keep screened off from the mosquito and will not contract the disease. While others under the same circumstances not protected by the mosquito screen will in nearly every instance develop malarial sooner or later. With this knowledge in hand it is our duty as physicians to exert every effort to bring around a means we can get rid of the infected mosquito.

We have gained the knowledge of how we get it, now let us learn how to do away with the enemy.

The method used in Brookline, Mass., are described by H. L. Chase and those in Talladega, Ala., by B. B. Sims.

The expense of the crusade in Brookline was \$400.00, in Talladega \$150.00 crude petroleum oil was used for destroying the larvae in the breeding places of the insects. All pools and lowlands should be drain-

ed and cans, buckets, barrels and such things that water may be left in for some time, in and around houses, should be emptied. The oil should be used every two weeks throughout the season. Oil should be applied at the rate of one ounce to fifteen feet of water surface. The concensus of opinion is that the mosquito is not blown to any extent by the wind and does not fly far.

The prevention of typhoid fever is a thing the physicians and laity as well are seeing the good effects of every day, almost, since it has been conclusively shown that most every case of typhoid is contracted through the alimentary canal, and this principally by drinking water that is infected by the typhoid bacillus.

Now we know by the proper methods of filtering our water that supply the cities and by boiling our water in our homes before using it, that we can almost stamp out typhoid. The preventions of typhoid begins with the patients, who is primarily the source of infection. The disinfection, not only of feces, but of urine and sputum should be a recognized duty, which should be enforced by the attending physician.

Harris calls attention to a sensible law of North Carolina, which makes it a criminal offence for the physician attending a case of typhoid fever to neglect to instruct the attendants regarding the methods of disinfecting the discharge of the patient.

The Medical Record, of March 5, 1904, comments upon the necessity for the State action in the prevention of typhoid fever of laws controlling the disposition of sewerage by municipalities and individuals, so as to prevent the contamination of the water supply of other municipalities.

The State of New York has recently passed a law which forbids placing any sewerage, dead bodies or any chemicals in any of the waters of the State, except by the express permission of the commissioners of health, except in cases where system of drainage is already established empty into such waters, and in case of extension of such sewerage is forbidden.

The prevention of tuberculosis is such an all-important subject that

in a paper of this kind time will not permit me to go into details in discussing it. Nevertheless a disease so deadly in its effects to the human race should be given the most careful consideration, and money or time should not be spared by State or nation in caring for the consumptive poor, as it is the the sick ones, and especially the poor that live in bad hygienic surroundings, that is constantly serving the germs of tuberculosis in our homes, tenant houses, work shops, street cars and public places of all kinds that you and I and our children will have to reap.

There are tubercular leagues and societies being organized in a great many states, and plans are being formed by which sanitariums and tubercular farms are to be used in caring for those afflicted without means for caring for themselves as they should be. I want to heartily indorse the anti-spitting laws that a great many of our cities have adopted. The city of New York in the past three years has had a very decided fall off of tubercular death rates, and this law is rigidly enforced.

There are many other diseases that can be prevented of a contagious and infectious type that should receive due consideration from us all, as we all know the death rate of diphtheria has fallen off to a minimum to what it was prior to the introduction of the diphtheria antitoxin. Vaccination has robbed small pox of its horror, and now those who do not wish the disease may become immuned by being vaccinated. Most of our public schools, in fact require vaccination certificate from the health authority before being allowed to enter.

In conclusion I would like to mention that we cannot be too particular in observing the strict rule of the prevention of the infectious diseases, and that every dollar spent in the prophylaxis of disease will be returned increased many folds.

AFTER OPERATIONS.

After an operation, be it simple or severe, it is always good practice to reinforce a patient's vitality. Gray's Glycerine Tonic Compound is eminently useful for this purpose.

The Prevention of Tuberculosis.*

*Eli P. Smith, Esq., Editor Birmingham News,
Birmingham, Ala.*

If I were asked to sum up in a single sentence the best means for the prevention of tuberculosis I would say get close to nature and stay close to nature. I am a firm believer in the theory that it is absolutely unnatural for man to be other than healthy. The unhealthy man, woman or child is generally the person who violates the laws of nature, or whose ancestors have been guilty of such violations. This being true the question might be asked: Would a person live forever if he always observed the laws of nature. Certainly not any more than a piece of machinery operated perfectly would endure forever. After a while the machinery will wear out. So does the human machinery wear out. But a piece of machinery which is well taken care of and always operated in accordance with the laws set down for its operation lasts much longer than the machinery which is not properly cared for and not operated properly. It is the same with man.

After all nature is our best doctor and truest friend. But like any other friend, nature does not enjoy being mistreated. Too much mistreatment causes nature to rebel against you. But nature ever stands ready to help you when, as the late Sam Jones used to say, you "quit your meanness." An appeal made by man to nature to help restore him to health is never a vain appeal, provided it is re-enforced by practical effort on the part of the appellant, for nature must have your assistance in order to accomplish the desired restoration of health. Here is where the doctor plays a most important part. He can tell you how you can best assist nature and just how much of the work nature will do and how much you, yourself must do. If you fail to heed his counsel as a general proposition the case is a hopeless one. He is the pilot that guides you through the dangerous shoals. Without him you

*Read before special meeting of the Shelby County Medical Society at Montevallo, Ala., Oct., 1906.

may possibly get through, but the chances are very much against a safe journey.

My own experience as a cured consumptive has taught me that in no disease does nature play a larger part in effecting a cure than consumption. It is said that the American Indians never knew what tuberculosis of the lungs was until they began to abandon life in the open for life in houses. So long as they slept in their wigwams they were practically immune. When they began to dwell in close rooms the disease appeared among them. I am not here to advocate the use of wigwams as places of residence for all mankind, but I merely make this application to illustrate the great truth that fresh air and sunshine are the natural enemies of tuberculosis of the lungs. These are nature's own agents and if you have weak lungs and will but allow nature to apply these remedies to you, you will never be a consumptive.

"The Prevention of Tuberculosis" is a very broad subject—too broad for a mere layman to discuss in all its details. But having gone through the mill, so to speak, I am at least possessed of certain well defined ideas, my belief in which is so firmly implanted in me as to amount to a conviction. As stated above I believe that the individual in making a fight to ward off this disease must first cultivate the close acquaintance and invite the co-operation of nature. Then he must assist nature. How is this assistance to be rendered? By getting all the fresh air and sunshine possible. His place of business must be well ventilated the year round. His bed room must be in a like condition. By day the sun's rays should be allowed to reach the interior of his bed room and at night he should have the largest amount of fresh air possible. All the other precaution he need take in this connection is to see that he has an ample amount of covering on his bed. There is no danger of taking cold from fresh air. One may sleep in a room with half a dozen windows wide open as I myself have done and the thermometer may be down to zero, but he will never suffer in the least if he has a plentiful supply of covering on his bed. The problem of keeping out of the drafts may be easily solved by placing his bed in such a part of the room as will cause it to be out of line of the air currents. He

can thus get the fresh air and at the same time avoid the drafts. It is very important that the person with weak lungs should avoid taking cold. He should study the question, for not infrequently a deep-seated and protracted cold leads to the development of pneumonia or consumption. This was the history of my attack of tuberculosis. First I had measles. Leaving my room too early, and in bad weather I contracted a deep cold which developed into pneumonia, leaving my left lung in a very weakened condition. Years later, with this lung still imperfect, when my general vitality ran low due to overwork and too little attention to the common, every day laws of nature tuberculosis of the lungs developed, my first knowledge of its presence being a series of hemorrhages, followed a year later by another series. I have told the story too often of my fight with the disease in Colorado where after a year's effort I made such headway in my cure as to enable me to complete it here in Alabama.

But reverting to the question of colds, I desire to say that I have never had a cold since I was first attacked with consumption, a few days more than five years ago, for the simple reason that I get so much fresh air every day and every night of my life that while this manner of living obtains it is a practical impossibility for me to have a cold. A daily cold plunge bath also assisted me in keeping off colds. I regard it as of the highest importance that the person with weak lungs should avoid taking cold for the reason that colds and consumption are closely akin. Fresh air and cold water are the surest preventatives of colds.

In following this general line for the prevention of tuberculosis after the individual has seen to it that he gets ample fresh air and sunshine and does not take cold he should not forget the diet part of the programme. The lung expert in Colorado when he gets a patient from what he terms the East—all the country east of the Missouri river according to the far Westerner is the East—first proceeds to drum the fresh air and sunshine idea into his head. Then he follows it up with the anti-cold taking dissertation, but coupled with it all is the diet question. After prescribing a manner of life for you, which

simply means rest and fresh air and sunshine, the expert will outline to you how much and what kind of food you should eat. The quantity is limited only by your ability to digest your food. If you are a large eater so much the better for the sooner will your recovery come. He will tell you that what you want is fat, not muscle and bone. He will advise you to eat only the most nourishing foods and to husband your strength and flesh. He will warn you against violent exercise of any character and will weigh you from day to day, just as if you were training for a great athletic contest. So to sum it all up if you can get fresh air, sunshine and plenty of wholesome food and add to it moderation in all other things, especially in smoking tobacco, you will not be apt to take consumption if you are threatened with it and you will very probably throw it off if you already have it, always provided you begin this manner of life and treatment before the disease has obtained too great a foothold upon you.

Having hurriedly considered the question of the prevention of tuberculosis from the standpoint of the individual the larger question of its prevention and control in state and nation presents itself. According to the government reports, the number of deaths in the United States from consumption during the census year of 1900 was 111,059, or 10,-638 per 100,000 from all causes. In other words, one out of every ten persons who die from disease in this country is a victim of tuberculosis. No other disease in the entire category claims so large a proportion of the human family, not even pneumonia, though the latter is close behind the leading destroyer. Statistics also show that three out of every five persons born have consumption at some time or other during their lives. In a great number of cases the patient never knows that he has had the disease. It gains a slight foothold on his system and is thrown off in the natural course of events before he ever becomes apprised of its presence. This information is gained from the study of cases in the hospitals and morgues of the great cities where autopsies performed on the dead have revealed hundreds and thousands of such cases as I have described.

Considered in its broadest sense I would say that the best method

for the prevention of tuberculosis is the education of the popular mind on the subject. This the medical profession assisted by a few others, is undertaking to do all over the country. Better progress has been made in some states than in others, and while Alabama is not abreast of the most progressive states in this respect the subject has been taken up here and some headway is being made. Popular agitation of an idea is always enlightening. It is also the beginning of all great movements. We are yet in the agitation stage of this subject, for all practical efforts which have been made along this line up to date looking to a concerted movement have failed of practical results. The reasons for this failure are not for me to say, but they are perhaps due more to public indifference than any other cause. There must be an aroused public sentiment on this question before large and substantial results can be expected. But these things will all come if the agitation is kept up, and I for one am willing, like the Salvation Army captain said when asked what he expected to do when he got to heaven—to make my part of the noise.

In educating the popular mind on the means for the prevention of tuberculosis in my judgment too much stress cannot be laid upon the necessity for the enactment and enforcement of adequate anti-spitting laws and laws which will provide for the proper ventilation of public buildings and particularly the public school houses. As a rule our school houses are about the most poorly ventilated of all our public buildings, especially in the winter time. Our teachers who have in their keeping for the time the lives of our children should be enlightened along this line.

But there are many other things with reference to which the public should be educated. In my judgment one of the most important of these is to convince the average citizen that tuberculosis can be cured and furthermore that it can be cured here in Alabama or anywhere else if proper steps are taken, the beginning to be made in time. We have but to point to the success of the consumptive's colony on Blackwell's island off New York, established by the municipality of New York City, and likewise to the state consumptive's home at Rutland,

Mass., conducted by the commonwealth of Massachusetts to prove the truth of what we say. And these are not the only institutions under municipal or state control in Eastern states where more persons afflicted with tuberculosis of the lungs get well than die.

I defy any man to prove that I am not a loyal Southerner. I was born in the hot-bed of secession—South Carolina—and was reared amid environments which can better be imagined than described when political and sectional lines are considered, having grown up during the eventful period of Southern reconstruction. But I merely state a truth when I say that we Southern people are behind the times in very many respects. The education of the public on this subject of tuberculosis is one of those things in which we are delinquent. A majority of the Eastern states have had enacted some form of legislation touching upon this question. The most progressive states like Massachusetts have actually established state sanatorias for the treatment and care of tuberculosis patients, who are unable to care for themselves, as well as the treatment of those who are able to pay. This might be termed state control of tuberculosis. As stated before New York City has municipal control of the disease in a measure and its plan is broadening all the while. Maryland has laws on the subject and a state commission to teach the public certain truths which they should know. Georgia has even made a good start.

Alabama made a beginning along this line a little more than a year ago. The start seemed auspicious. A handful of us organized a league and we hope to accomplish something practical. Indifference followed among certain of the members and no headway was made. I am informed that the president of the state medical association has named a committee of doctors to consider this question, but I know nothing of the details. I hope that some steps will be taken looking to the securing of legislation on this subject at the approaching session of the legislature, which will provide for a commission of doctors and laymen whose duty it shall be to make investigation, and disseminate literature and take such other steps as may be necessary to agitate this question and awaken the popular mind to the needs of the hour and

especially to the importance of enforcing anti-spitting laws, the proper ventilation of public buildings and finally to a realization of the fact that consumption can be cured here in Alabama if a beginning is made in time and proper assistance is given to nature in helping it to effect this cure.

I have no interest whatever in this subject beyond a desire to be of such assistance as I can to my fellow man. There is a peculiar kinship among consumptives and former consumptives which is beyond the understanding of all except those who are members of these charmed circles. Every consumptive is permeated with a desire to help those who have the same disease or are threatened with it. I have time and again neglected my business and freely taken money from my pocket in the fulfillment of this desire. I am here tonight with no other purpose than with the hope that what I say may be the means of helping some consumptive or some one threatened with the disease along the road which leads to a restoration of health. If any one supposes for a moment that I am seeking personal exploitation or honor he is very much mistaken. My professional duties, which are very pressing, lie along other paths.

It is for the medical profession of Alabama to say whether we are to have enlightened legislation on this subject or not. It is for them to spread the gospel of enlightenment on this question in Alabama as has been done in other and more progressive states. I am not a pessimist. Much has already been accomplished in the way of agitation by awakening the public mind to the fact that the white plague is being curbed elsewhere and can be curbed here. So I am full of hope and I ready to do my part of the work at any and all times and I am willing, if needs be that some one else, shall have the honor, if such a concession will in any degree make for the advancement of this cause for humanity's welfare.

FOR THE NEURASTHENIC.

Oftentimes the neurasthenic patient can be promptly started on the road to recovery by a temporary change of scene and the use of a good tonic. Gray's Glycerine Tonic Compound is of especial value in these conditions of nervous exhaustion, and it often supplies just the right support and reconstructive action needed.

The Use of Glyco-Thymoline in Obstetrics.

Geo. H. Shelton, M. D., Detroit, Mich.

I am so gratified and pleased with the action of Glyco-Thymoline in the various conditions in which it is indicated, and especially so in Obstetrics, that I cannot endorse it too highly. I have used Glyco-Thymoline in obstetrical practice wherever sepsis is present or threatened, and can say candidly that I have yet to meet with disappointment. The result in every instance has been simply charming. Did not time forbid I could recount numerous cases in which the happy climax was attributable to the use of Glyco-Thymoline. But for the purpose of this paper the report of two cases in Obstetrics will illustrate typically its wide field of usefulness in this branch of practice.

Case 1. Mrs. J., age 28. Multipara, was delivered at full term of a still-born child. It had been dead about ten days and was foully decomposed. Condition of mother was very critical. Temperature 102.5 degrees. Pulse 120. All symptoms of Septicemia present. Two tablespoonfuls of Glyco-Thymoline to one pint of hot water, as a douche three times daily, brought about a wonderful recovery in a remarkably short space of time.

Case 2. Mrs. S., age 19. Primipara, Premature labor, followed by puerperal fever. In this case the septic condition was such as to be truly alarming, but Glyco-Thymoline, two tablespoonfuls to one pint of hot water, to be used as a douche three times daily, produced a rapid recovery.

In conclusion, wish to state that I find such general use for Glyco-Thymoline in Obstetrics that I would not consider that I was fully prepared for any and all emergencies which might arise while attending a case of labor unless I had a supply of the above mentioned remedy on hand.

The neutrality and general purity of the salts entering the composition of Peacock's Bromides have been attested to by eminent chemists. This assurance in its purity and uniformity is of great moment to the general practitioner when he desires to employ a continuous bromide treatment. It is a palatable preparation and as each fluid drachm contains fifteen grains of the combined bromides, the dose is easily adjusted.

Selected Articles.

Some Dietetic Errors and Their Effects.

By W. Blair Stewart, A. M., M. D.,

Atlantic City, N. J.

Indiscriminate mixing of foods produces more harm and gastric disturbance than eating the plain food alone. The tendency of our American people is to drift away from a simple to a complex diet; to eat a small quantity of many things at each meal rather than a sufficient quantity of one or two wholesome foods properly prepared and balanced; to devote five or ten minutes to each meal instead of thirty to sixty minutes—all to be in the style and to get the habit of the average pushing, nervous, hustling business man of to-day. Dietetic indiscretions produces the major portion of disease (the acute and contagious diseases possibly excepted), hence the necessity for a more scientific study of dietetics and its application in our daily work. A little more sensible advice and not so much medicine. Study a number of good cook books and be in position to advise the proper preparation of foods, for when improperly prepared, be it wholesome or otherwise, it will produce digestive disturbances.

Many of our text-books on dietetics recommend the use of cereals and fruit at breakfast with bread and butter and a light meat or eggs. This means to the average reader grapefruit, tart oranges, or strawberries usually covered with sugar. Next comes the oat, wheat, or malted (so-called) breakfast foods with sugar and cream; then beef-steak or chops, with hot cakes, muffins, or hot bread, and coffee. In one-half to one hour there is a fermentative indigestion with all of its train of symptoms, to be repeated day after day. A brief thought on such a combination reveals one of our most common dietetic errors—a strong fruit acid with starch and sugar—an ideal combination for

fermentation, and one that will impair the strongest digestion in time. All of these foods are wholesome, but must be properly used and not abused. It is my custom to forbid the use of strong acid fruits, cereals, and sugar at the same meal. Fruit and meat with a small amount of stale bread will be wholesome in most cases. The mildly acid and sweet fruits like prunes, bananas, figs, and sweet apples may be taken with cereals in selected cases. If a cereal is taken forbid the acid fruits and omit the use of much sugar. It is more wholesome to use salt with cereals than sugar. Sixteen years of practical experience and observation teach me that wheat cereals are more easily digested than oat. In fermentative troubles the oat cereals are always forbidden, and in many cases all cereals.

The critical mind will question the fine points of difference between the different cereals and wonder why use the wheat, rice, or corn instead of the oat, as starch is in one as well as all. Chemically speaking the starch may be the same, but practically and in the vital process of digestion we are led to the conclusion that starch is present in different combinations and is differently digested and assimilated. To be wholesome a cereal should be cooked for a number of hours so that the starch grain is properly broken and more easily digested. Some people can eat a small quantity of cereal with perfect impunity, while larger portions will cause fermentation. In these cases it is our duty to be very explicit on this point and watch carefully for results.

This leads to a consideration of the widely advertised and overestimated forms of patented, "ready cooked," "predigested," "malted," and dried forms of cereal foods on the market. Many of them have little or no food value and are worthless. Others are fairly good if properly eaten, but who takes time to masticate every bite? In many instances they actually irritate the stomach and intestines. There are several very valuable preparations among them, but it is not within the province of this paper to lend advertising patronage.

We frequently overestimate the true food value of cereals to the detriment of our patients and the exclusion of other foods. The more refined and bolted forms of wheat do not possess the nutritive value of

the rougher forms. The whiter the bread and finer the flour the less true food value it contains. The corn cereals are easily digested if properly cooked, and are often better assimilated than others. The old-fashioned dish of well-cooked corn-meal mush and milk without sugar is too often neglected.

Hot bread and hot rolls unless well baked contain living yeast organisms or an excess of soda when the latter is used, are hard to digest, and a cause of many dietetic errors. Subjects of indigestion should never use them, while others should be very sparing in their use.

Next in the list to starches comes sugar. It is improperly used by the well and sick, and is probably more abused than any one food. Sugar in cereals, coffee, tea, fruits, breads, jellies, iced creams, ices, candies and drinks of all kinds. Children love it, and adults seem to think they cannot live without it. It is a valuable food, but must be used with prudence. In fermentative cases it must be forbidden in any form for a limited time and sometimes permanently. This rule holds good in diabetics. Each case must be a law unto itself, and a close study of it must dictate your rules.

Strong coffee and tea, two or three times daily, with or without sugar, are absolutely without nutritive value and are taken on account of habit, their stimulant effects, or the want of a hot drink at meals. We know the consequences. A cup of weak tea or coffee in the morning without sugar, with or without cream, will not do harm in most cases, but in others it must be omitted absolutely. Here again no fixed rule can be made, but the subject must receive the closest attention and study. Condiments should always be used sparingly, as they give rise to great digestive disturbances. Wines and liquors can only be mentioned to be condemned, as they will always impair digestion if used regularly or imprudently. We must view this subject from a very broad standpoint, as no two authors will agree upon its food value and digestive actions. My own experience among users of alcoholic liquors decidedly contraindicates their use as a food product, and classes it among the greatest impairers of digestion.

Many people can eat corned beef and cabbage with comfort, but if a

dessert, pastry, or rich salad is taken at the same meal they will have serious indigestion. A combination of raw clams or deviled crabs with sliced tomatoes, meat, vegetables, and iced cream is a common hotel dinner, and an ideal mixture to cause cramps or indigestion. At an average course dinner one will take from eight to fifteen different articles of food and one to four separate kinds of drinks. This is done daily in our hotels. Is it any wonder that digestive disturbances result and the cause never appeal to patient or physician? The information has to be literally pumped out of the patient before he will tell you his intemperance in eating. Any one of these foods will be easily digested if eaten alone, but such combinations with their great inequalities of digestive requirements will be sufficient to cause trouble. The beautiful results of a conglomerate mixture of foods in a test-tube may appeal to the theorist as an argument in favor of such excesses, but such changes will not take place in the stomach, or if they do partially will not prepare the foods for proper assimilation.

Our healthiest and hardest people are those who accustom themselves from childhood to eat any wholesome article of food placed before them. A too limited diet always leads to constipation, headache, bilious attacks, loss of strength, and poor health.

Overeating is another error in the diet of children and adults. It is unwise advice to recommend eating heartily because one is always hungry. Constant hunger in a well-fed person is an indication of disease and needs immediate investigation and treatment. Gastric catarrh, intestinal parasites, and other conditions cause an inordinate appetite. A small, properly selected, well-balanced, and carefully taken diet will be better assimilated and produce more nutritive effects than the meal of a glutton. Too much food renders one sluggish, heavy, inactive, drowsy, and unfitted for brain or physical work. The manual laborer or mental worker will do his best work on a light meal. The full diet of the laborer cannot be properly digested and assimilated by the brain worker. Too much red meat is injurious and tends to high blood-pressure, rheumatic and gouty tendencies. Children should never be allowed to overload their stomachs or mix foods, as their digestive pow-

ers are too easily taxed and rendered almost useless. People past forty-five years should also be very conservative in their diet. They do not need much red meat and stimulant diet, as their arterial system needs protection and every precaution to avoid that disease of advancing years, arteriosclerosis. Do not be a man of seventy when you reach fifty. Consider well the age, occupation, physical condition, idiosyncrasies, climatic influences, and family tendencies of your patient and give dietetic instruction accordingly. That person whose "stomach is his god," and who believes in eating everything that tickles his palate because he says life is short and we live only once, is dangerous to himself, a dietetic nihilist, and must be cautioned in no uncertain terms.

The habit of closing every full dinner with desserts is very detrimental and usually causes discomfort to the eater. Dessert after a satisfying meal is that much too much and should be avoided. Children frequently pick at the substantial foods, knowing that the desserts and sweets come last, and make these their meal. A word to the thoughtful, wise man should be sufficient.

The laity and many physicians fully believe in the old fallacy, "Eat plenty of fish because it is rich in phosphorus and is our best brain and nerve food." This is wholly erroneous. The fish-eating nations and large fish consumers do not substantiate such nonsense. It cannot be shown that a fish diet supplies more or as much phosphorus as some other foods, and it is not entirely certain that a phosphorus diet will improve mental capacity and act as a brain food.

Another fallacy is the much vaunted and advertised theory that the character of diet of a pregnant woman will influence the sex of her offspring. Many cases are cited in its favor, but is it not entirely probable that in a few thousand experiments by various people guessing at the prospective sex a large number will happen to guess right? There is no more rational reason for this than there is for the phase of the moon at the time of conception influencing the sex of the baby—and there are many superstitious people who believe in these signs.

Dietetic errors and fallacies could be multiplied almost indefinitely, but these mentioned will call attention to the need of our professional

study and advice along lines other than drugs. It is wrong for us to rush to see our patients, or to see them in the office, write a prescription or give them some medicine, and hurry them through for the next one, because we have no time to give proper dietetic and hygienic instructions. We should be specific in our directions to these subjects in *every* case, and see to it that the advice is thoroughly understood, or, better still, put it in writing for them.—Therapeutic Gazette.

The Treatment of Constipation Due to Atony of the Bowel.

By W. R. Jamieson,

Torreon, Coah, Mexico.

As a rule there is an evacuation of the bowels, in a healthy person, once every twenty-four hours. This rule is, however, subject to wide variation: some having two or three movements a day, and others one every two or three days, and yet being perfectly healthy and normal.

The feces collect in the lower portion of the sigmoid until the habitual time of evacuation; then peristalsis begins, and they move downward into the rectum. The act then becomes voluntary, and the feces are expressed by contraction of the abdominal muscles and the relaxation of the sphincter.

Through repeated neglect of the desire to defecate, through bashfulness, seen especially in young girls, mental worries, or lack of accommodations, the feces pile up in the rectum and sigmoid, or they may be returned to the sigmoid by reverse peristalsis. In consequence of this the muscular coat of the intestines loses its elasticity, and the mucous membrane its sensitiveness.

Generally the patient first resorts to drugs, which require ever-increasing doses to assist the bowel in performing its function. The patient's last condition is worse than his first.

The first factor in the treatment of constipation is to impress the patient with the idea of going to stool at a certain hour every day, sitting there for at least five minutes, whether the bowels move or not.

The visit to the closet should be strictly on business. As Gant very aptly observes, "the closet is not a reading-room."

The diet should be of the simplest kind, with plenty of green vegetables, particularly tomatoes and salads. The patient should drink freely of water, both plain and carbonated.

Massage of the bowel by rolling a heavy ball over the abdomen and following the course of the colon is of benefit, and can be done by the patient. Kneading of the abdomen produces the same results, but cannot be performed by the patient, as the abdominal muscles contract as soon as he touches himself.

Electricity in various forms is of greatest benefit. Faradization both direct and indirect has many advocates. Boudet's electrode, with the galvanic current applied to the rectum directly, and the other pole over the abdomen, has been used with success.

Doumer applied franklinization by means of "souffles electriques," or electric breeze, and reported many cures.

I have not used this last method of treatment, but have had marked success in five cases, chiefly in women, with the use of the Morton wave-current. The technique is as follows:

The patient sits upon the insulated platform, the positive pole grounded. The shepherd's crook forms the connection between the negative pole and the platform. From the lower end of the crook a wire, to which is attached a zinc electrode about 15 by 8 centimeters, reaches to the patient. The zinc electrode is placed over the colon and sigmoid, and the current turned on. Gradually the poles are separated, until the patient begins to exhibit uneasiness, due to the too forcible contraction of the muscles. After a few moments the poles can be drawn farther apart, until the distance is reached when the spark is unable to pass, or the action of the current becomes too strong for the patient to bear. Usually a distance of 6 to 8 inches is sufficient. The treatments are given daily for ten to twenty minutes. The only drawback to the treatment is the noise produced by the sparking; but in very nervous people this can be remedied by putting a muffler over the spark-gap.

The treatment seems to combine the effects of massage and electri-

city by contracting the abdominal muscles several times a minute and at the same time, the muscular coat of the intestine causing peristalsis and restoring the sensitiveness of the mucous membrane. Usually a good bowel movement follows the application.

The first case was that of a thin, nervous, poorly nourished woman, nursing a child of six months. Her bowels would not move except by purgation. She was treated for two weeks, and gained rapidly in weight and health. There was a daily defecation, and she continued in this manner until lost sight of some five months later. It was afterward found that she was two months pregnant, but no bad effects were noted; in fact the child when born, so I am told, was a startling contrast to the weak and puny first-born, which was born one year before.

In case No. 2 there was a certain amount of intestinal atony following hyperchlorhydria gastrica. The current was applied over the colon and epigastrium, and the following prescription was given:

℞ Magnes. calcinat.,
Pulv. rhei rad., aa 7.50;
Sodii bicarbonat.,
Sodii carbonat. exsicc.,
Sacch. albæ, aa 15.00;
Oleo menth. piper., 0.75.

Sig: Teaspoonful in plain water, or mineral water, two hours after each meal.

A limited diet was ordered, and the patient made an excellent recovery in three weeks. During this time the patient received nine electrical applications. They were continued for a week longer, the patient receiving three more treatments. This case was somewhat lengthy owing to the time over which the treatments were distributed, but the patient was unable to come oftener than two or three times a week.

The other cases presented nothing of further interest. The average time of treatment was two weeks.—Therapeutic Gazette.

Editorial.

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D. F. Talley, M. D., Birmingham.



The Journal will be mailed on or about the 15th of the Month. Subscribers failing to receive it promptly will please notify us at once.

We cannot promise to furnish back numbers

SUBSCRIPTION \$2.00 A YEAR, IN ADVANCE

The editor is not responsible for views expressed by contributors.

All communications should be addressed to
THE ALABAMA MEDICAL JOURNAL, Birmingham, Ala.

Announcement.

The undersigned has purchased the Alabama Medical Journal from the estate of the late Dr. J. C. LeGrande, and with this issue assumes control. I will not in this announcement outline a policy nor make a long list of promises. I simply ask the support of the doctors of Alabama, and promise to give them the very best journal that I am able to make. I expect to give them a clean, high class, ethical journal that will be helpful to the busy practitioner.

Some years ago the Medical Association of the State of Alabama

adopted this journal as its official organ. I desire it to be such indeed as well as in name. Our pages will ever be open to the members and officials of the Association in advancing its interests and promoting its welfare. The county societies are urgently requested to send in reports of their meetings, the interesting papers read and cases reported.

I ask every doctor in Alabama not only to be a subscriber, but to give me his moral and professional support, and together we will have a journal that will be a credit to the profession of our State.

W. H. Bell.

Dr. McCormack's Address.

For the past two weeks Dr. McCormack, Secretary of the State Board of Health of Kentucky and the official representative of the American Medical Association, has upon invitation of Dr. Sanders, the State Health Officer, addressed the profession and published a number of places in this state on the Relations of the Medical Profession to the People, and to City, County and State Government, the Prevention of Diseases, Things about Doctors that Laymen Should Know and other kindred subjects.

Never before has such a campaign been conducted in this state, and judging from the unanimous verdict of those who have heard Dr. McCormack the addresses have been highly suggestive to the doctors and broadly educational to the people.

He points out the ways in which some of our most fatal domestic diseases, usually regarded as inevitable and unavoidable, such as tuberculosis, may be largely controlled or wholly exterminated, thus arousing a spirit of co-operation on the part of his lay hearers with the organized profession of the state in the discharge of its highest function, namely, the prevention of disease.

He discusses every subject he takes up in a frank, fearless and luminous way, and never fails to enlist the closest attention of his audiences; indeed, boys and girls listen as attentively as grown people, all being so absorbed that they are unconscious of the time occupied and re-

gret when the speaker closes. In his talks to the doctors he makes many original and useful suggestions bearing upon the business side of medicine, which no doctor who enjoys the opportunity should fail to hear. Whilst there is nothing private in these talks—they simply being made to the doctors separately for the reason that the subjects discussed would not interest the lay public—the practical value of the suggestions they contain cannot be appreciated without being heard.

In these talks he also discusses in an able manner the method of conducting county medical societies and shows that they can be so conducted as to arouse the enthusiasm and advance immensely the scientific and practical knowledge of the members. The campaign will be resumed after the holidays, of which due notice will be given in the counties in which appointments are made.

All members of the profession who may have the opportunity of hearing Dr. McCormack will make a great mistake should they fail to do so. Not only should they hear him themselves, but should induce their friends and patrons to hear him, for they may be assured that all so induced will feel grateful and deem themselves fortunate.

We present in this issue an article on the Prevention of Tuberculosis, by one of our most prominent laymen, Mr. Eli P. Smith. This is specially interesting as Mr. Smith discusses the question from the standpoint of a layman, who has been cured of the disease.

In this connection, we have had the advice from the West for a long time; to keep tuberculosis poor patients at home. Too many poor people travel in search of health when it is too late, and thus they become a burden to the community to which they go.

This advice is too often unheeded. The effort made to inform the public of the good results of properly applied home management counteracts somewhat the harm done to these unfortunates, whose deaths are being hastened by the hardships and privations they suffer while penniless in a land of strangers. The tendency to belittle the effects of climate may be encouraged, as it will show why it is that some changes of climate are so harmful as to be worse than for the patients to remain at home.

Drs. Robinson and Prince have dissolved partnership, Dr. Robinson remains in the Brown-Marx Building and Dr. Prince has moved to 109 1-2 N. 20th street.

The annual banquet of the Jefferson County Medical Society is to be held at the Hotel Hillman on the evening of December 29th. Dr. B. L. Wyman will be toast master, and Dr. W. P. McAdory is chairman of the committee of arrangements.

Dr. J. C. Walker is moving from Siluria, Ala., to Birmingham. The Doctor has been a nactive member of the Shelby County Medical Society for several years, and has served as its vice-president for the past two years. His friends here will accord him a warm welcome.

A most enjoyable luncheon was given at the Hotel Hillman on Dec. 21st by Dr. Lewis C. Morris, President of Jefferson County Medical Society, in honor of Dr. J. N. McCormack, of Bowling Green, Ky. It was largely attended by the doctors of Jefferson county and others. The guest of honor was introduced by the host and made one of his characteristic speeches. The occasion was one of joy to all who attended, and Dr. Morris deserves the thanks of the Society.

Drs. W. M. Jordan, D. F. Talley, L. C. Morris, R. M. Cunningham and Mack Rogers attended the meeting of the Southern Surgical and Gynecological Association, Dec. 11, 12 and 13, held at Baltimore, Md. They report a most excellent meeting. This Association is growing in the number of its members. The physicians of Birmingham and Alabama should feel proud of the fact that its organization was effected in this city under the leadership of the late Dr. W. E. B. Davis.

The following officers were elected for 1907 at the last meeting of the Jefferson County Medical Society, viz: Dr. B. L. Wyman, President; Dr. Geo. A. Hogan, Vice-president; Dr. J. D. Heacock, Censor for five years; Dr. J. M. Mason, County Health Officer for two years; and Dr. R. B. Harkness, City Health Officer for two years.

The Society, the largest county society in the state and one of the best, is looking forward to a prosperous year under the able leadership of these men.

Miscellaneous Notes.

MALARIAL CACHEXIA.

The cachexia resulting from malaria is often persistent, even after the active cause has been controlled. In such cases, Gray's Glycerine Tonic Compound proves of great service in stimulating the reconstructive powers of the blood. The toxins resulting from the malarial hemolysis are rapidly eliminated, and increased impetus is given to the restoration of normal red blood cells.

For the enlargement and betterment of the Oklahoma Medical News-Journal. Beginning with the January, 1907, issue, the Oklahoma News-Journal will have a new editor, Y. E. Colville, B. S., M. D., of Chattanooga, Tenn. Dr. Colville has bought a half interest in the journal and will devote his entire time to the editorial department, while Dr. Phelan will be the business manager. In this way the journal will be greatly benefited and enlarged, and will be more valuable to the profession than heretofore.

"Our readers will note from the new Antikamnia advertisement which appears in this issue that The Antikamnia Chemical Co. was prompt to file its Guaranty under The New Pure Food and Drugs Act, their Guaranty number being 10; which means that of all the Food and Drug Manufacturers in the United States, only nine filed their Guaranty in Washington before that of The Antikamnia Chemical Company. This shows the usual Antikamnia disposition to protect the dealer and prescriber of Antikamnia under the law and gives assurance of the absolute reliability of the Antikamnia Preparations."

THE SENSIBLE TREATMENT OF LA GRIPPE AND ITS SEQUELAE.

The following suggestions for the treatment of La Grippe will not be amiss at this time when there seems to be a prevalence of it and its al-

lied complaints. The patient is usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. First of all the bowels should be opened freely by some saline draught. For the severe headache, pain and general soreness give one Antikamnia Tablet, or if the pain is very severe, two tablets should be given. Repeat every two or three hours as required. Often a single dose is followed with almost complete relief. If after the fever has subsided, the pain, muscular soreness and nervousness continue, the most desirable medicines to relieve these and to meet the indications for a tonic, are Antikamnia and Quinine Tablets, each containing 2 1-2 grain Antikamnia and 2 1-2 Quinine. One tablet three or four times a day, will usually answer every purpose until health is restored. Dr. C. A. Bryce, editor of "*The Southern Clinic*" has found much benefit to result from Antikamnia and Codeine Tablets, administered for the relief of all neuroses of the larynx, bronchial as well as the deep seated coughs, which are so often among the most prominent symptoms. In fact, for the troublesome coughs which so frequently follow or hang on after an attack of Influenza, and as a Winter remedy in the troublesome conditions of the respiratory tract there is no better relief than one or two Antikamnia and Codeine Tablets slowly dissolved upon the tongue, swallowing the saliva.

COCA BASES.

W. H. R., Chicago, Ill., writes to the editor of *The Coca Leaf*: "In the analysis of Vin Mariani I notice 'Coca bases.' If this means the alkaloid cocaine, why not say so plainly?"

Coca bases means precisely what it designates, *i. e.*, alkaloidal bases of the Coca leaf, of which cocaine is but one among many. The several Coca bases, while chemically analogous, differ markedly from each other in physiological action. Thus, while cocaine acts chiefly upon the central nervous system, other Coca alkaloids, as *ecgonine*, *benzoyl ecgonine*, *hygrine cinnamyl-cocaine*, etc., act directly to stimulate muscle fibre while having little if any anæsthetic action, direct or remote.

The alkaloidal yield of Coca varies with the quality as well as with

the variety of leaf used. The large Bolivian leaf being rich in cocaine to the exclusion of the other alkaloids, is employed by chemists for the extraction of cocaine, while the small leaf varies inversely being low in cocaine and rich in aromatic bodies and those alkaloids which act upon muscle, are employed medicinally for such physiological properties. A blending of these latter varieties of aromatic Coca is employed in the preparation of Vin Mariani. It is the refinement of selection of appropriate Coca from long years of experience, and skill in its preservation and manufacture, to which this unique tonic owes its restorative properties.—The Coca Leaf, March, 1905.

COCA A TRUE HEART TONIC.

(1) Coca is a depurative of the blood stream, favoring the elimination of the products of tissue waste.

(2) Coca renders the muscular structure of the heart free to perform its functions untrammelled by a clogging of waste products in the blood which would otherwise impede function both mechanically and chemically.

(3) Coca acts directly on the cardiac muscle.

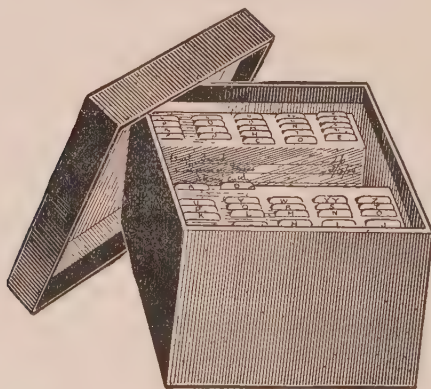
(4) Coca is a tonic to the vasa-motor nerves.

(5) Coca is a stimulant to the vagus centre.

The value of Coca as a heart tonic should not be lost sight of. Unlike digitalis, Coca does not upset the stomach, is not cumulative, does not abnormally slow the pulse nor injure the heart muscle. It is not injurious or harmful in any way. Coca is useful in disease of the cardiac valves or of the heart muscle itself, as well as in allied troubles of the organs of respiration and of the kidneys. In mere cardiac weakness, whether from emotional irritation, infectious disease or overstrain, it is an invaluable remedy; and unlike digitalis, it is particularly serviceable when the cardiac nerves are at fault. Besides Vin Mariani, the form advocated is the concentrated fluid extract, Mariani Tea, of which a drachm or two should be given at a dose about every three or four hours. When cardiac tonics are indicated enforced rest and a regulated dietary should be preliminary to all forms of treatment.—The Coca Leaf, May, 1905.

DIET IN TYPHOID FEVER.

The value of milk in typhoid fever is well known, but milk is not a complete nutrient for the adult as it is relatively deficient in carbohydrates; and in febrile processes, especially, are carbohydrates needed. Poisons capable of producing nervous symptoms or fever cannot be formed from carbohydrates, so that no objection to carbohydrates on this score can be urged. They may produce flatulence and increase the tympanites and this objection may apply to the use of such carbohydrates as bread, rice and potatoes. The milk must therefore be supplemented with carbohydrates in a proper form, such as in Mellin's Food. The value of Mellin's Food in connection with milk in typhoid fever cases is because of its freedom from starch, as the flatulence and tympanites are caused by the fermentation of starchy carbohydrates, and no such fermentation occurs when Mellin's Food is used.

THE CARD SYSTEM FOR KEEPING RECORDS AND ACCOUNTS.

The keeping of records and accounts is a most irksome duty to the active practitioner. No matter how busy or exhausting the day, they still remain to be attended to. Sooner or later they are slighted, and slipshod methods and confusion follow.

The "Card System" revolutionizes this state of affairs. It elimin-

ates all the disadvantages of books, and makes each record so comprehensible and easy of reference as to give it a new value.

In lieu of the physician's memorandum book, case history book, cash book, ledger, and what-not, the card system substitutes two cards—case history card and ledger card. One card is used for each patient.

Impressed with the worth and practicability of these cases, the Angier Chemical Company has developed a complete case, designed especially for physicians, and so arranged as to take care, in the best possible manner and with the least trouble, of his records and accounts.

The first of January is the most convenient time to change from books to the card system, and as the Angier Chemical Company (Allston District, Boston, Mass.) is making a special advertising offer and low price for these history and ledger card outfits, we advise our readers to **write them** (mentioning this journal) for sample cards and details regarding their attractive offer.

ANNOUNCEMENT OF \$500 PRIZE BY THE ASSOCIATION FOR THE BEST ESSAY ON THE ETIOLOGY OF EPILEPSY.

Dr. W. P. Spratling announced a prize of \$500 offered by the Association for the Study of Epilepsy for the best essay on the etiology of epilepsy. The prize is given by persons interested heart and soul in the work of the Association, and the conditions governing the award are as follows:

All essays submitted must be in English, written in a clear, legible hand or on the typewriter, on one side of the paper only and they must not contain more than 15,000 words. Essays must be in the possession of Dr. W. P. Spratling, at Sonyea, N. Y., not later than September 1, 1907.

The name of the person submitting the essay must not appear on the same, but be put in a sealed envelope on which is written a motto, and which motto should also appear at the top of the first page of the essay.

All essays received will be placed in the hands of three physicians to determine their merit. Two of these physicians will be members of

this Association; the third a member of the American Neurological Association.

Announcement of the award will be made at the November, 1907, meeting of the Association. The Association will not feel bound to award the prize should no essay submitted be deemed of sufficient value to merit it. ORIGINAL RESEARCH WORK INTO THE ETIOLOGY OF EPILEPSY WILL BE A LEADING FACTOR IN FIXING THE AWARD.

ANNOUNCEMENT.

January 1, 1907, with the Therapeutic Gazette—the oldest, strongest, most widely circulated of our three medical journals—we will consolidate the Medical Age and Medicine.

This is in distinct accord with the tendency of the times. In the world of action, where things are done, the dominant spirit today is concentration.

It is patent to us that we can best fulfill the mission of the medical publisher—best serve the cause of medicine—by massing our forces and giving our undivided thought and energies to the making of a single medical journal—a journal which shall embrace all of those distinctive features that, for the past thirty years, have given power and prestige to the Therapeutic Gazette, and retain whatever in Medicine and the Medical Age may seem worthiest of perpetuation.

“The Therapeutic Gazette, incorporating Medicine and the Medical Age,” will be the title of the consolidated journals. The publication will be under the able editorship of Doctors Hobart A. Hare and Edward Martin, long associated in the editorial conduct of the Therapeutic Gazette and widely recognized as among the most distinguished medical journalists in the United States. The subscription price will be the same as the present subscription price of the Therapeutic Gazette, \$2.00 per annum.

The greater Therapeutic Gazette will be conducted with a view to the needs of active practitioners. It will be, in the broadest sense, a journal of practical therapeutics—ably representative, if money and brains can make it so, of what is sanest and best in medicine.

E. G. Swift, Publisher.

Harry Skillman, Business Manager.

A B C OF COCA.

A stands for Andes, the mountains so high,
B for the breezes which blow through the sky;
C stands for Coca—both Co and the Ca—
D “Divine Plant”—it was named by Inca.
E is the earth 'neath the clouds, far below,
F for the forests near where the shrubs grow;
G the gray rocks over which the mule packs
Huge bundles of Coca done up in sacks.
I for the Indian, without food or drink,
Jogging, untired, 'round high mountain's brink.
K is for Koller, with drop in the eye,
Learning new use for Coca to try.
M. Mariani first made Coca wine,
Niemann's the chemist who found cocaine;
O for the ore, and some other things, too,
Plentifully found in land of Peru.
Q is the Quichua Indian race,
Round as to limb but of angular face;
S for the strength of this plodding man, who
Travels all day with but Coca to chew.
U stands for you, if you will but admit
Vin Mariani has made a great hit;
Wine made with Coca—a tonic unique—
Excellent both for the well and the weak.
You'll find it endorsed full fifty years through;
Zealously hold then that found to be true.

—The Coca Leaf, September, 1905.

JUST HOW TO MANAGE OTORRHOEA.

By F. E. Burgevin, M. D., of Spiro, I. T.

(Published by *The Kansas City Medical Record*, July, 1906.)

Otorrhœa, from purulent middle-ear catarrh, the “running ears” of the laity, was at first my *bête noire*. I used the classic treatment of Pomeroy and others—syringing, insufflations of powdered boric acid, etc., sometimes with *benefit*, sometimes the reverse, but never by any

correct diagnosis is made, or the patient is doomed to recovery, proper treatment cannot be carried out unless the preliminary of the diagnosis is first accomplished. This may be said of many, if not all surgical conditions, but when one comes to gynecology the ease with which an exploratory laparotomy may be made renders the question of a positive diagnosis of apparent insignificance.

Diagnosis in gynecology may be divided into two separate classes, namely: conditions that can be seen and conditions that must be diagnosed by the sense of touch alone. Conditions of the external genitalia, the vaginal wall and the cervix, the urethra, and even the bladder may very easily be inspected, and the diagnosis of exact conditions made with comparative ease.

Where a question of malignancy of the uterus or external parts exists, a small specimen may be removed, and a pathological report will often be of great value, but the real diagnostic ability of the gynecologist is put to a test by conditions which occur inside the pelvis. Where one would recognize pathological conditions the appreciation of the normal size of the uterus, the adnexa and their relation to pelvic walls must first be learned, and in judging of the conditions felt, all these factors, and the thickness of the abdominal wall, and the amount of tissue that lies between the vagina and the peritoneal covering of the viscera, the size and shape of the rectum, the fullness or emptiness of the bladder, the possibility of coils of intestine falling over the uterus and into the pelvic cavity must be taken into consideration; in other words, where one would lead to a careful diagnosis there must be a system, and it is without question that most of the errors of diagnosis are made because of the lack of system, or because the case appeared so easy that it seemed almost impossible to make an error. A false interpretation of the sense of touch is far more common than one imagines, unless they are making very frequent examinations; and a pre-conceived idea of what one should find is perhaps the most dangerous error to fall into. One has but to have faith in the examiner who preceded him and have him explain to them the condition found, to realize how easy it is to interpret the case exactly as one has been told to. To avoid

possible errors one must first adopt a system, and that system should involve a careful history, examination of the urine, examination of the blood, where necessary, and a careful physical examination of the heart and lungs. When the gynecological examination is to be made the condition of the patient must be carefully considered. The advantage of an examining table made high enough and with proper stirrups, with a head rest that can be elevated, and not too well padded cannot be overestimated. The patient must be instructed in every case to empty the bowels and bladder, and before going on the table for examination the corsets must be removed and all constricting bands loosened. The patient in the dorsal position with the thighs at a right angle to the body, the legs at a very acute angle to the thighs, the knees slightly separated, the head elevated either on a pillow or by raising the head of the table so that the free border of the ribs is approximated to the pelvic edge; in other words, the patient placed in a position that will relax as much as possible all the abdominal muscles. When this is done some system of examination must be carried out, and the first step should be to locate a uterine body. Next, to locate first one tube and ovary and then the tube and ovary of the opposite side. After this has been done, if the conditions are not so masked by pathological changes as to render one of these steps impossible, one is in a position to judge of any pathological changes that have occurred.

One point that too great stress cannot be laid upon is the importance of the use of the right hand in examining the right side of the pelvis, and the left in examining the left side. The ability to palpate the left side of the pelvis with the right hand is limited as it is essential to bring the palmar surfaces of the index and middle fingers in easy relation to the side of the pelvis to be examined, that is, the examination of the left side of the pelvis with the left hand brings the palmar surface of the examining fingers in easy relation to any structure that lies between the right above and the fingers in the vaginal canal. The arm is not strained and the examiner can palpate with the least possible exertion and the least possible pressure on the soft parts of the woman. It is also true in examining the right side of the pelvis with the right hand. And in interpreting the true value of conditions

found this ambidexterity will be found most helpful. In doubtful cases the introduction of the middle finger into the rectum with the index finger in the vaginal canal will help. Another point in the examination is never to exert undue force, as this excites reflex contraction of the abdominal muscles and loses the confidence of the patient, which is the greatest help the examiner can have.

Where difficulty is experienced in obtaining the adequate relaxation of the abdominal walls no efforts should be made to obtain all the knowledge of the case at the first examination. It is far better to anesthetize if the case is urgent than it is to exert too much force in the examination, but it will usually be found possible if the patient is not hurt too severely at the time of the first examination, to realize the exact conditions at a second examination a few days later.

More errors have been made by a diagnostician feeling a tumor and taking it for granted that the tumor was the uterus itself and not making careful search for the uterine body than perhaps in any other manner.

In the differentiation between a uterogestation and a fibroid tumor of the uterus, or between a uterogestation and an ovarian cyst, the size and shape of the uterus itself is of the very first importance. Long experience coupled with a large operative work will enable the examiner to distinguish between various tumors, conditions of the uterus, ovaries and tubes, provided he will take the trouble to go over each case prior to operation, to make a diagnosis, commit himself to this diagnosis on the history of the patient prior to the opening of the abdomen, and each time that he is in error carefully go over the case in his mind and ascertain why this error was made. It is certainly a mistake to allow one's diagnostic skill to become rusty from disuse because it seems unimportant, when it is really of very grave importance in the decision as to the wisdom of an operation.

Those of us who do considerable abdominal surgery realize the ease with which errors can be made, but it is well worth one's effort to make a diagnosis, and if the patient's condition just prior to operation will permit of a few moments' delay, the examination under ether will aid materially in improving one's sense of touch.